

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                            |                          |                             |                                     |  |                                     |      |          |  |
|--|----------------------------|--------------------------|-----------------------------|-------------------------------------|--|-------------------------------------|------|----------|--|
| Died at <i>Huntingtown</i>                         |                            | Town                     |                             | <i>Calvert</i>                      |  | County                              |      | MARYLAND |  |
| Date of death 1903                                 | Month <i>July</i>          | Day <i>7</i>             | Years <i>82</i>             | Age                                 |  | Months                              | Days |          |  |
| Sex <i>male</i>                                    | Color or Race <i>Black</i> |                          | Birth-place <i>Cal. Co.</i> |                                     |  |                                     |      |          |  |
| Married, Single or Widowed <i>married</i>          |                            | Occupation <i>farmer</i> |                             |                                     |  |                                     |      |          |  |
| Name of Wife or Husband <i>Mindy Brown</i>         |                            |                          |                             |                                     |  |                                     |      |          |  |
| Father's Name <i>John W. Brown</i>                 |                            |                          |                             | Father's Birthplace <i>Cal. Co.</i> |  |                                     |      |          |  |
| Mother's Maiden Name <i>Betsy Brown</i>            |                            |                          |                             | Mother's Birthplace <i>Cal. Co.</i> |  |                                     |      |          |  |
| Name of person giving information <i>John Gray</i> |                            |                          |                             | <i>48</i>                           |  | How related to deceased <i>none</i> |      |          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                           |  |               |
|---|---------------------------|--|---------------|
| Primary   | <i>Chronic Rheumatism</i> | How long                                   | <i>10 yrs</i> |
| Immediate   | <i>Exhaustion</i>         | How long                                   |               |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |                           | Signature of Physician <i>J. W. Leitch</i> |               |
|   |                           | Address <i>Huntingtown, Md.</i>            |               |
| Accident or Suicide?  |                           |  |               |



Name in Full

Certificate of Death

Hubbard, Issay

10

Town

County

Died at

Balls Bluffs

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

03 July 18

Age

1

20

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

one year

Accident, Suicide, Homicide

Reported by

Address

John D. Brumley

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name  
in  
Full

Thomas Grass

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |      |                                   |   |             |      |
|--|------|-----------------------------------|---|-------------|------|
| Died at <i>Adelina</i> <sup>Town</sup> |      | <i>Seaboard</i> <sup>County</sup> |   | MARYLAND    |      |
| Date of death                          | 1903 | Month                             | July                                    | Day         | 19   |
| Age                                    |      | Years                             |   | Months      | Days |
| Sex                                    |      | Color or Race                     |   | Birth-place |      |
| male                                   |      | Colored                           |   | Adelina     |      |
| Occupation                             |      |                                   | Where Residing if not at place of death |             |      |
|  |      |                                   | Adelina                                 |             |      |
| Married, Single or Widowed             |      |                                   | Name of Wife or Husband                 |             |      |
|  |      |                                   |   |             |      |
| Father's Name                          |      |                                   | Father's Birthplace                     |             |      |
| John Grass                             |      |                                   | Pawnee Co                               |             |      |
| Mother's Maiden Name                   |      |                                   | Mother's Birthplace                     |             |      |
| Francis R Rhodes                       |      |                                   | " "                                     |             |      |
| Name of person giving Information      |      |                                   | How related to deceased                 |             |      |
| Edgith Gross                           |      |                                   | Uncle                                   |             |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                    |                        |                  |
|--|--------------------|------------------------|------------------|
| Primary  | <i>Consumption</i> | How long               | <i>10 months</i> |
| Immediate  |                    | How long               |                  |
| Are the name, age, sex, color, date and place correctly given above? |                    | Signature of Physician |                  |
| yes  |                    | 27                     |                  |
|  |                    | Address                |                  |
|  |                    |                        |                  |
| Accident or Suicide?   |                    |                        |                  |

60

Name  
in  
Full

Memphis Church of William Horrod (9)  
CERTIFICATE OF DEATH

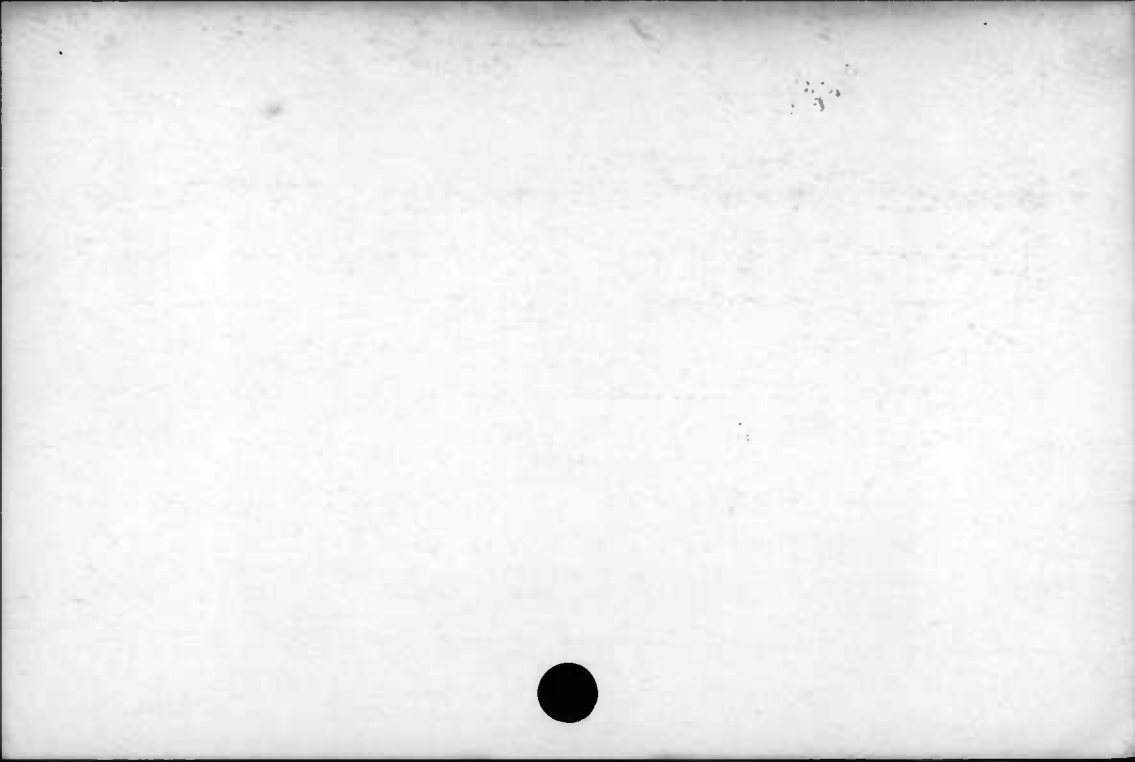
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |  |               |       |                |     |                  |     |             |       |               |      |                         |  |             |  |
|-----------------------------------|--|---------------|-------|----------------|-----|------------------|-----|-------------|-------|---------------|------|-------------------------|--|-------------|--|
| Died at                           |  | Port Republic |       | Calvert County |     | MARYLAND         |     |             |       |               |      |                         |  |             |  |
| Date of death 190                 |  | 3             | Month | July           | Day | 27               | Age | Slies Bone  | Years | Months        | Days |                         |  |             |  |
| Sex                               |  | Female        |       | Color or Race  |     | Colored          |     | Birth-place |       | Port Republic |      |                         |  |             |  |
| Married, Single or Widowed        |  |               |       | Single         |     |                  |     | Occupation  |       |               |      |                         |  |             |  |
| Name of Wife or Husband           |  |               |       |                |     |                  |     |             |       |               |      |                         |  |             |  |
| Father's Name                     |  |               |       |                |     | Cornelius Horrod |     |             |       |               |      | Father's Birthplace     |  | Calvert Co. |  |
| Mother's Maiden Name              |  |               |       |                |     | Julianne Wallace |     |             |       |               |      | Mother's Birthplace     |  | Calvert Co. |  |
| Name of person giving information |  |               |       |                |     | Julianne Wallace |     |             |       |               |      | How related to deceased |  | Grandparent |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |            |  |                        |  |
|--|--|------------|--|------------------------|--|
| Primary  |  | Shot butt. |  | How long               |  |
| Immediate  |  |            |  | How long               |  |
| Are the name, age, sex, color, date and place correctly given above? |  |            |  | Signature of Physician |  |
| Yes  |  |            |  | Address                |  |
|  |  |            |  | Dr. J. H. Crook        |  |
|  |  |            |  | Methuen                |  |
| Accident or Suicide?   |  |            |  | 4th d.                 |  |





Name in Full

Certificate of Death

11

Died at

Martha Howard

Town

County

Port Republic

Calvert

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

63 July

31

Age

21

Baltimore

House Servant

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

non

Husband

of

Wife

Father's

Name

Not Married

Mother's

Wm Howard

Maiden Name

Rachel Brown

Cause of

Primary

Consumption

How long sick

7 months

Death

Immediate

Accident, Suicide, Homicide

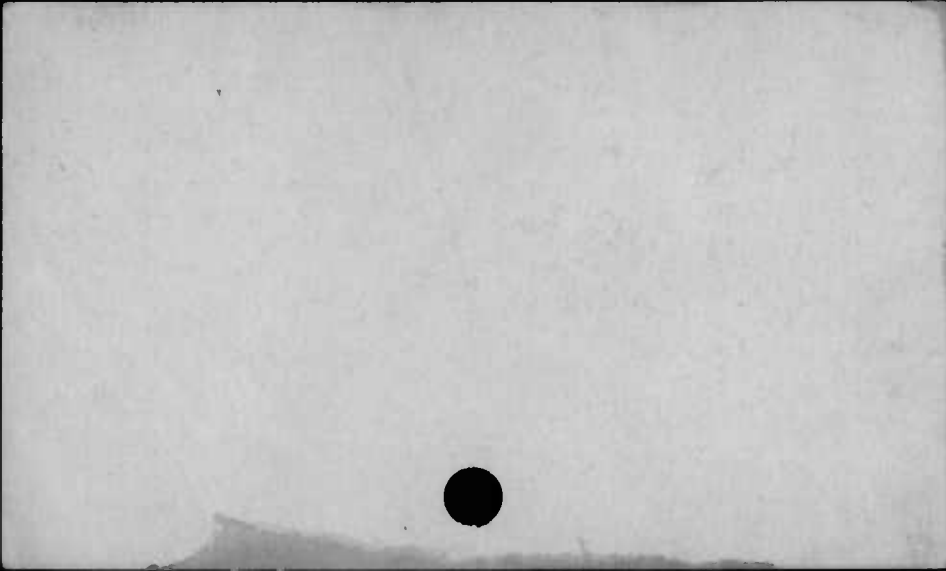
Reported by

Major Commotore

Address

Port Republic Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |   |  |                                 |  |                   |  |
|---|--|---|--|---------------------------------|--|-------------------|--|
| Name in Full<br><b>Esther Rosemond Littrell</b>           |  | Town<br><b>Solomons</b>                       |  | County<br><b>Calvert</b>        |  | MARYLAND          |  |
| Died at   |  | Month<br><b>July</b>                          |  | Day<br><b>10</b>                |  | Age<br><b>1</b>   |  |
| Date of death 190 <b>3</b>                                |  | Months<br><b>4</b>                            |  | Years<br><b>18</b>              |  | Days<br><b>18</b> |  |
| Sex<br><b>Female</b>                                      |  | Color or Race<br><b>White</b>                 |  | Birth-place<br><b>Solomons.</b> |  |                   |  |
| Married, Single or Widowed<br><b>Infant</b>               |  | Occupation<br><b>_____</b>                    |  |                                 |  |                   |  |
| Name of Wife or Husband<br><b>_____</b>                   |  |   |  |                                 |  |                   |  |
| Father's Name<br><b>William C. Littrell</b>               |  | Father's Birthplace<br><b>Calvert Co. Md.</b> |  |                                 |  |                   |  |
| Mother's Maiden Name<br><b>Ann V. Folling</b>             |  | Mother's Birthplace<br><b>Thurmont, Md.</b>   |  |                                 |  |                   |  |
| Name of person giving information<br><b>Edw. H. Jones</b> |  | How related to deceased<br><b>Uncle</b>       |  |                                 |  |                   |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |   |  |
|--|--|---|--|
| Primary<br><b>Diarrhoea &amp; Enteritis</b>  |  | How long<br><b>2 weeks.</b>                   |  |
| Immediate<br><b>Convulsions</b>  |  | How long<br><b>24 hrs.</b>                    |  |
| Are the name, age, sex, color, date and place correctly given above?<br><b>Yes</b> |  | Signature of Physician<br><b>W. H. March,</b> |  |
|  |  | Address<br><b>Solomons,</b>                   |  |
|  |  | <b>Md.</b>                                    |  |
| Accident or Suicide?<br><b>1</b>   |  |   |  |



Name  
in  
Full

Sophia Rice

## CERTIFICATE OF DEATH

Town

County

Calvert

MARYLAND

Died at

Date

of death 1903

Month

July

Day

30

Years

Age

Months

11

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Cal. Co.

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

James Rice

108

Father's  
Birthplace

Cal. Co.

Mother's  
Maiden Name

Jane Emerson

Mother's  
Birthplace

" "

Name of person giving  
Information

James H Emerson

How related  
to deceased

Grandfather

## CAUSES OF DEATH

Primary

Prolapse of Rectum

How long

2 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. W. Leitch

Huntingtown

Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Charles Stockdale

Town

County

Died at

Burna Vista Calvert

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

July 3.

Age

58-3-

Maryland Pattern Maker

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

~~Wife~~

Father's

Mother's

Name

Maiden Name

Louise K. Moore.

Joshua Stockdale Mills

Cause of

Primary

Pulmonary Tuberculosis Ten Months

Death

Immediate

Exhaustion

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

27 E. Huguenot Rd  
Burna Vista Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

James A Thomas

CERTIFICATE OF DEATH

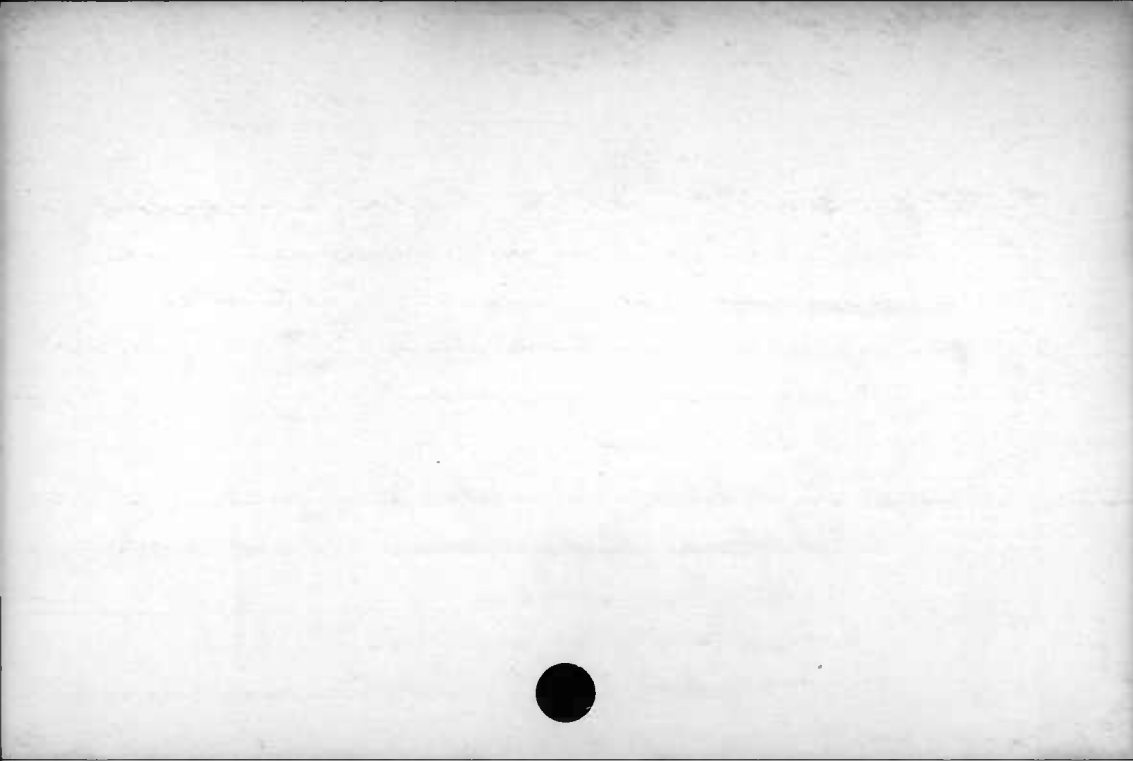
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                              |                                  |                                    |                           |                         |
|---|------------------------------|----------------------------------|------------------------------------|---------------------------|-------------------------|
| Died at <i>Hunting Creek</i> <sup>Town</sup>        |                              | <i>Calvert</i> <sup>County</sup> |                                    | MARYLAND                  |                         |
| Date of death 190 <i>3</i>                          | <i>July</i> <sup>Month</sup> | <i>20</i> <sup>Day</sup>         | <i>76</i> <sup>Years</sup>         | <i></i> <sup>Months</sup> | <i></i> <sup>Days</sup> |
| Sex <i>male</i>                                     | Color or Race <i>Black</i>   |                                  | Birth-place                        |                           |                         |
| <del>Married, Single or Widowed</del> <i>7</i>      |                              |                                  | Occupation <i>farmer</i>           |                           |                         |
| Name of Wife or Husband <i>Not obtainable</i>       |                              |                                  |                                    |                           |                         |
| Father's Name                                       |                              |                                  | Father's Birthplace                |                           |                         |
| Mother's Maiden Name                                |                              |                                  | Mother's Birthplace                |                           |                         |
| Name of person giving information <i>Joe Hurley</i> |                              |                                  | How related to deceased <i>not</i> |                           |                         |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>General Debility</i>   | <i>184</i>                                 |
| Immediate   | How long                                   |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. W. Leitch</i> |
|   | Address <i>Huntingtower</i>                |
| Accident or Suicide?  |  |



Name in Full

Certificate of Death

Alice Pearl Walton

Town

County

MARYLAND

Died at Chesapeake Beach Calvert

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903 July 3<sup>rd</sup> Age 7 17 Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



|                                  |  |  |  |                  |  |                         |  |                  |  |            |  |              |  |
|----------------------------------|--|--|--|------------------|--|-------------------------|--|------------------|--|------------|--|--------------|--|
| Name in Full                     |  | Robert Watts   |  |                  |  | CERTIFICATE OF DEATH    |  |                  |  |            |  |              |  |
| TO BE ANSWERED BY NEAREST FRIEND |  | Died at  |  | Sollers Town     |  | County                  |  | Calvert          |  | MARYLAND   |  |              |  |
|                                  |  | Date of death 190  |  | 3 July           |  | Day                     |  | 2                |  | Age        |  |              |  |
|                                  |  | Sex  |  | Male             |  | Color or Race           |  | Colored          |  | Birthplace |  |              |  |
|                                  |  | Married, Single or Widowed   |  | Married          |  | Occupation              |  | Oyster man       |  |            |  |              |  |
|                                  |  | Name of Wife or Husband  |  | Mary Garner      |  |                         |  |                  |  |            |  |              |  |
|                                  |  | Father's Name  |  | Henry Watts      |  | Father's Birthplace     |  | Calvert Co.      |  |            |  |              |  |
|                                  |  | Mother's Maiden Name   |  | Rebecca Banister |  | Mother's Birthplace     |  | Calvert Co.      |  |            |  |              |  |
|                                  |  | Name of person giving information                                    |  | Rebecca Watts    |  | How related to deceased |  | Mother           |  |            |  |              |  |
| PHYSICIAN OR CORONER             |  | CAUSES OF DEATH  |  |                  |  |                         |  |                  |  |            |  |              |  |
|                                  |  | Primary  |  | Phthisis         |  |                         |  |                  |  | How long   |  | about 7 mos. |  |
|                                  |  | Immediate  |  | Exhaustion       |  |                         |  |                  |  | How long   |  |              |  |
|                                  |  | Are the name, age, sex, color, date and place correctly given above? |  | Yrs              |  | Signature of Physician  |  | Geo. G. Chambers |  | Address    |  | Cove Pt. Md. |  |
|                                  |  | Accident or Suicide?   |  |                  |  |                         |  |                  |  |            |  |              |  |

